

COLUMBIA COUNTY 2006 BENEFITS INSIGHT

Highlights:

**October 24-
November 3
Annual Enrollment**

General Information

MEDCO

United Healthcare

Flexible Spending

**Guardian
Dental**

**AIG
Basic & Portable
Life**

**Short & Long
Term Disability**

**American General
Assurance
Accident
Cancer**

GEBCORP

**Employee
Benefits Summary**

Important Numbers

Ron C. Cross, Board of Commission Chairman



Dear Fellow Employees,

I wish to take advantage of this opportunity to thank you for the excellent efforts you make daily for the benefit of the citizens of Columbia County. The Columbia County Board of Commissioners sets policies and projects which you make a reality. Because of your success, Columbia County is a great place to live and work, and all the Commissioners appreciate your professionalism, skills, and customer service.

The Board of Commissioners is dedicated to the welfare of the community as well as its employees. I am proud of the benefits package that is being provided to you for 2006. The cost of medical and dental care is escalating rapidly, but we have been determined to keep increases as low as possible while still offering high quality benefits and programs. Please be aware that the County is continuing to contribute 75% of the premium cost of your medical and dental and basic life insurance plans.

This brochure is filled with many plans and programs that could be a benefit to you and your family. Review each option carefully and during open enrollment, ask questions and determine if you are using these benefits to your best advantage.

The best way to lower our medical costs is to reduce claims by assuming a healthier lifestyle. The new Wellness Works program through University Hospital is an incentive program to encourage employees to find out if they have any potential health problems and to assume a healthier lifestyle by changes in diet, exercise, and medication, if needed. This is a "cutting-edge" program and changes our attention into proactively dealing with health concerns instead of reactively handling problems when the damage and costs are the greatest. We want our employees to enjoy life – both on and off the job!

If you have any comments or suggestions on benefits or any aspect of the County, I hope that you would feel free to contact your Committee Chairperson or me. Some of the best ideas come from staff.

I wish you all continued success and a healthy 2006!

General Information

Columbia County will implement a new tax saving benefit for employees, a Flexible Spending Account, effective January 1, 2006. In addition, United Healthcare is offering to Columbia County employees the UnitedHealth Allies Health Care Value Program which will save employees and family money on health care services. As you review this Benefits Insight booklet, you will see more about these new benefits as well as a large variety of quality products and services that can help provide for the health and wellness of you and your family.

Also, in an effort to control escalating healthcare costs, Columbia County has partnered with University Hospital to offer the "Wellness Works" program. This is a health and wellness program for employees which includes a health risk assessment, laboratory tests, physicals, and nurse coaching (if applicable). Wellness Works helps employees take an active role in improving their overall health and well-being and meet their health goals.

Exciting new changes include:

- Flexible Spending Account
- Wellness Works Program
- United Health Allies Health Care Value Program

As you review the following pages, please contact the Human Resources (HR) department at 868-3300 with any questions or concerns.



COLUMBIA COUNTY 2006 BENEFITS INSIGHT

Benefits Eligibility

An employee must be actively at work for any benefit changes to become effective January 1, 2006. If an employee is absent from work due to an injury or sickness on the date enrollment or when changes would become effective, the effective date will be deferred until the date the employee returns to work for one full day as an active, full-time benefit eligible employee working at least 30 hours or more per week.

Eligibility status changes due to marriage, birth, adoption, or death **must** be made within thirty (30) days of such a life event change. If you fail to request a change within the 30-day provision, you will not be able to enroll until the next open enrollment period. Children are covered up to age 19 or, **if a full-time student, to age 25.**

New employees are eligible upon date of hire for benefits and have thirty (30) days to enroll. In the event the thirty (30) day period lapses, the employee can not enroll until the next open enrollment period unless it is a life event change as stated above.

HIPAA Privacy Practices

Protecting the privacy and confidentiality of information about our employees is very important to the Columbia County Board of Commissioners. The separately issued Notice of Privacy Practices explains key elements of the requirements of the Health Insurance Portability and Accountability Act of 1996 and the related regulations (HIPAA) concerning the privacy of protected health information.

If you have questions regarding this Notice or privacy practices or wish to make requests as described above, please contact The Employee Medical Plan Privacy Officer, Human Resources Manager, Columbia County Board of Commissioners, Building B, 630 Ronald Reagan Drive, Evans, GA 30809, by phone at (706) 868-3300, or by fax at (706) 312-7381. Please include your name and fax number.

Cobra Coverage

An employee electing medical coverage under the Columbia County Group Health Plan will receive the COBRA Initial Rights Notification via mail as required. The COBRA Initial Rights Notification is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law [Public Law 99-272, Title X].

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event."

If you are an employee of Columbia County and covered by the Columbia County Group Health Plan, you have a right to choose continuation coverage for yourself or your dependents. If you lose coverage due to termination of employment, reduction in hours, or your dependents are no longer eligible, then you and/or your dependents may continue under COBRA for up to 18, 29, or 36 months depending upon the situation. The cost is 100% plus a 2% administration fee to the participant.

It is the intent of the Columbia County Board of Commissioners to comply with the requirements of federal law governing continuation of coverage.

If you have questions regarding COBRA, please contact the Plan Administrator, Columbia County by phone at 868-3300.

Flexible Spending Accounts (FSA)

Those who choose to use don't lose!

Do you like to save on paying taxes? Of course! That's why you should know:

- **You can save money** by setting aside pre-tax dollars to pay for health and/or dependent care services.
- **Paying less in taxes is like saving 20 to 50 percent on eligible health care services**, depending on your individual income and tax filing status, when you use a FSA.
- **You can pay less in taxes** when you lower your taxable income by opening a FSA.

There are two types of FSAs:

A health care FSA

for you and your dependents' out-of-pocket health care expenses.

- Allows you to put a portion of your pay aside, on a pre-tax basis, to reimburse yourself for eligible out-of-pocket medical, dental, and vision expenses. It includes contact lens solution, laser eye surgery, hearing aids and batteries, smoking cessation, orthodontia, and certain over the counter medications.
- Tax free – you cannot take income deductions for expenses you pay with your health care FSA.
- The FSA account reimburses IRS defined eligible expenses up to an annual maximum of \$1000.

A dependent care FSA

for cost related to care of eligible dependents while you and your spouse work.

- Allows you to reimburse yourself for dependent care expenses while you and/or your spouse work. These expenses must be related to care or services provided to children under age 13, or dependents who are mentally or physically incapable of caring for themselves.
- Tax free – you cannot take the federal tax credit for the same expense you paid through the Dependent care FSA.
- Eligible dependent care expenses are reimbursed up to the amount as defined by the IRS*.

Below you will find a sample of an FSA calculator to help you estimate your allowable medical reimbursements.

Healthcare Flexible Spending Accounts

- Enter the amount of your medical plan deductible _____
- Enter the average medical co-insurance you pay each year _____
- Enter the amount of your dental plan deductible and out-of-pocket expenses _____
- Enter the amount you pay for eyeglasses, contact lenses, solution and vision exams each year _____
- Enter the amount you pay for orthodontia expenses each year _____
- Enter the amount you spend on prescription drug co-payments _____
- Enter any other yearly eligible expenses for which you might pay _____

* In accordance with Section 129 of the Internal Revenue Code, an employee can generally exclude from gross income up to \$5,000 of benefits received under a dependent care assistance program each year. The limit is reduced to \$2,500 for married employees filing separate returns. The exclusion cannot be more than the earned income of either the employee or the employee's spouse. The total dependent care benefits the employer paid to the employee or incurred on the employee's behalf (including amounts from a Flexible Spending Account, Section 125 plan) should be reported in Box 10 of Form W-2. Any amount over \$5,000 should be included in Boxes 1, 3, and 5, as "wages," "social security wages" and "Medicare wages."

Please contact the Human Resources office at 868-3300 for additional information.

COLUMBIA COUNTY 2006 BENEFITS INSIGHT



The Columbia County Employee Medical Plan is administered by United Healthcare and offers a Wellness or Non-Wellness benefit. These plans do not require a referral for a specialist nor do you have to choose a PCP (Primary Care Physician). Deductibles and Co-insurance amounts apply to both plans. Please refer to Pages 6 and 7 of this booklet.

All four area hospitals are in network, University Hospital, St. Joseph Hospital, Medical College of Georgia (MCG) and Doctors Hospital. A brief description of benefits and plan design for the Wellness and Non Wellness can be viewed in this booklet. The Summary Plan Description can be viewed in the Human Resources Department.

To receive your vision program benefit, visit a participating United Healthcare Routine Vision Network provider. This directory contains a listing of the Routine Vision Network providers and includes the name, location, and phone number along with the level of service provided.

*To obtain the most current listing of Routine Vision Network providers or to verify a provider's participation or plan details, log in to the Web site at www.myuhc.com or call the toll-free automated information line at 1-877-532-9300.

For medical/surgical eye care services, employees should refer to their regular United Healthcare physician and provider directory.

Visit the United HealthCare website at www.myuhc.com for a wealth of information. On line you can actually order a new card, check your claims status, find a physician or hospital, print a temporary card, learn more about your coverage, such as co-pays, deductibles and out-of-pocket information and verify your eligibility at a glance, (select "Plan Summary") participate in monthly online events with experts in health care (select HealthTools "Ask a Professional"), organize your medical bills online (select "Claims Center"), compare cost for a particular procedure (select Health Topics and Tools, "Treatment Cost Estimator").

UnitedHealth Allies Health Care Value Program

UnitedHealth Allies is an approach to saving you and your family money on health care services. It is **not** a health insurance plan, but **discount** program that can help your family save 10 to 50 percent on health care services not covered by your health plan. As a participant, you choose when and where you receive non covered health care services. You will be able to locate participating physicians and health care professionals to lock in preferred discount rates on their website at www.unitedhealthallies.com or by calling the UnitedHealth Allies Customer Service Center toll free, Monday through Friday, 8 am to 8 pm, Central Time at 800-860-8773. You can save on vision, dental, alternative care, wellness and long term care.

UnitedHealth Allies works with your Flexible Spending Account (FSA) by allowing you to stretch your health care FSA dollars by saving you money on health care purchases that are reimbursable from your Flexible Spending Account.

Employees enrolled in the medical plan will receive both a health insurance card and a UnitedHealth Allies Health card.

***HealthAllies is not a health insurance plan. Payment for services rendered is the responsibility of the member.*



Medco Pharmacy

Retail VS Mail Order You win 3 times!!!



Want to save money on your prescriptions?? Medco Health Home Delivery is an easy 1
(1) have routine prescriptions mailed to your home, (2) save a co-pay on a 90-day supply
(3) avoid making that trip!!!

To set up your Home Delivery Pharmacy Service:

- Your first prescription should be for a one-month supply that can be immediately filled at a participating pharmacy. The second prescription should be for a 90-day supply of medication plus refills up to one year. Use this prescription to obtain your medications from Medco Home Delivery Service.
- Complete the information form titled *Ordering Medications from the Home Delivery Pharmacy Service*. Mail the form with your prescription and payment in the envelope provided. (Mail order packets are available in Human Resources).
- First-time users will need to complete the Health, Allergy and Medication Questionnaire and return it with the prescription(s). This information is confidential and will only be used when appropriate to alert the pharmacist about possible problems each time you fill a prescription.

How to:

- **Fill a prescription online** – Log onto the web site at www.myuhc.com. Once logged in, click "Prescriptions" in the main menu and follow the online directions.
- **Fill a prescription by fax** – Give your doctor your ID number and have them call 1-888-EASYRX1 (1-888-327-9791) to get instructions on how to fax your prescription to the pharmacy.
- **Fill a prescription by mail** – Use the Home Delivery Order Form.
- **Refill your order** – Have your ID number, prescription number (the 112 digit number on your refill slip) and credit card ready. Please make sure you have a two (2) week supply of medication on hand. Your prescription orders will be delivered within 7-11 days. Use the web site at www.myuhc.com or call by phone at 1-800-4REFILL (1-800-473-3455). Be sure to record your confirmation number.
- **Pay for your prescription** – You may pay by check, money order, VISA, MasterCard, Discover/Novus, American Express, or Diners Club. If you prefer to pay all orders by credit card, you can set up an automated payment plan by calling 1-800-948-8779.
- **Receive your order** – Order usually arrives within two weeks. Your package will include: medication container(s), instruction(s) for refills, and information about your medication.

You have a choice:

- **The Prescription Drug List**
When selecting medication, you and your physician should consult the Prescription Drug List. This list is a tool to assist in identifying and selecting medications that will save you money under your pharmacy benefit. To learn more about the Prescription Drug List, go to the United Healthcare Website at www.myuhc.com.
- **Generic Drugs**
Ask your physician and pharmacist if a generic drug is available. Call the toll free Customer Service number on your ID card, 24 hours a day, 7 days a week (except Thanksgiving & Christmas) with questions you may have.

WELLNESS 90/10	United Healthcare		
MEDICAL COVERAGE BENEFIT	PLAN DESIGN		
Calendar Year Deductible	In Network Deductible	\$250 Individual/\$750 Family	
Lifetime Maximum Benefit	\$1,000,000		
Out-of-Pocket (Excluding Deductible)	\$1000 individual	\$3000 family	
PRIMARY CARE PHYSICIAN VISITS	Co-payments		
Office Hours	\$20		
Specialty Care			
Office Visit	\$35*		
Physical/Occupational/Speech Therapy	\$35		
Allergy Testing	\$35		
Diagnostic X-Ray & Laboratory	Subject to Deductible, Then 90%		
Surgery Outpatient	Subject to Deductible, Then 90%		
Hospitalization	Subject to Deductible, Then 90%		
Emergency Room	\$75		
Urgent Care Center	\$50		
Maternity			
First OB Visit	\$35		
Hospital	Subject to Deductible, Then 90%		
Skilled Nursing Facility – 90 day limit per cal year	Subject to Deductible, Then 90%		
Home Health Care – 120 visit limit per cal year	Subject to Deductible, Then 90%		
Hospice Care – 180 day limit per cal year	Subject to Deductible, Then 90%		
Short-Term Rehabilitation	\$35 co-pay, 60 visits per calendar year		
Spinal Manipulation/Chiropractic Care	\$35 co-pay limit of 20 visits per calendar year		
Ambulance	Subject to Deductible, Then 90%		
Durable Medical Equipment – \$10,000 Cal Yr Limit	Subject to Deductible, Then 90%		
Infertility Services	Payable - see contract for limitations		
Mental Health and Alcohol/Drug Abuse Services			
In-patient – 35 Days Limit Per Cal Year	\$100 Per Admission Co-pay, then 90%		
Out-patient – 20 Visit Limit Per Cal Year	\$35 co-pay		
Preventative Care			
Routine Eye Exam – 1 Visit Every 12 Months	\$35		
Routine GYN Exam	\$35		
Routine Hearing Exam – 1 per 24 months	\$35		
Wellness Expense Benefit	\$20 PCP/\$35 Specialist		
Routine Mammogram	Plan pays 100%		
Medco Drug Program	Generic	Tier 2	Tier 3
Retail Drug Card Program	\$10	\$25 after \$50 ded**	\$40 after \$50 ded**
**No deductible – for generic only			
Mail Order Maintenance Program	*Mail order 2 times co-pay for 31-90 days		
**No deductible on any tier			
*Routine Physicals/Immunizations			
**Family Deductible \$150 per cal year on prescriptions			

This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.

Employees are offered a choice to participate in either the Wellness or Non-Wellness EPO plans. Participation in either plan is not an indication of individual health status.

NON-WELLNESS 70/30		United Healthcare		
MEDICAL COVERAGE BENEFIT		PLAN DESIGN		
Calendar Year Deductible		In Network Deductible \$500 Individual/\$1500 Family		
Lifetime Maximum Benefit		\$1,000,000		
Out-of-Pocket (Excluding Deductible)		\$2000 individual \$6000 family		
PRIMARY CARE PHYSICIAN VISITS		Co-payments		
Office Hours		\$20		
Specialty Care				
Office Visit		\$35*		
Diagnostic Out-patient Testing		\$35		
Physical/Occupational/Speech Therapy		\$35		
Allergy Testing		\$35		
Diagnostic X-Ray & Laboratory		Subject to Deductible, Then 70%		
Surgery Outpatient		Subject to Deductible, Then 70%		
Hospitalization		Subject to Deductible, Then 70%		
Emergency Room		\$75		
Urgent Care Center		\$50		
Maternity				
First OB Visit		\$35		
Hospital		Subject to Deductible, Then 70%		
Skilled Nursing Facility – 90 day limit per cal year		Subject to Deductible, Then 70%		
Home Health Care – 120 visit limit per cal year		Subject to Deductible, Then 70%		
Hospice Care – 180 day limit per cal year		Subject to Deductible, Then 70%		
Short-Term Rehabilitation		\$35 co-pay, 60 visits per calendar year		
Spinal Manipulation/Chiropractic Care		\$35 co-pay limit of 20 visits per calendar year		
Ambulance		Subject to Deductible, Then 70%		
Durable Medical Equipment – \$10,000 Cal Yr Limit		Subject to Deductible, Then 70%		
Infertility Services		Payable - see contract for limitations		
Mental Health and Alcohol/Drug Abuse Services				
In-patient – 35 Days Limit Per Cal Year		\$100 Per Admission Co-pay, then 70%		
Out-patient – 20 Visit Limit Per Cal Year		\$35 co-pay		
Preventative Care				
Routine Eye Exam – 1 Visit Every 12 Months		\$35		
Routine GYN Exam		\$35		
Routine Hearing Exam – 1 per 24 months		\$35		
Wellness Expense Benefit		\$20 PCP/\$35 Specialist		
Routine Mammogram		Plan pays 100%		
Medco Drug Program		Generic	Tier 2	Tier 3
Retail Drug Card Program		\$10	\$25 after \$50 ded**	\$40 after \$50 ded**
**No deductible – for generic only				
Mail Order Maintenance Program		*Mail order 2 times co-pay for 31-90 days		
**No deductible on any tier				
*Routine Physicals/Immunizations				
**Family Deductible \$150 per cal year on prescriptions				

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Employees are offered a choice to participate in either the Wellness or Non-Wellness EPO plans.
Participation in either plan is not an indication of individual health status.

WELLNESS WORKS

Controlling healthcare costs is a major issue for all employers today as health insurance costs have increased far above the rates of inflation and taxes. Costs continue to rise in double digit numbers throughout the country. In an effort to help control the escalating costs of the employee medical plan, Columbia County is pleased to announce they have partnered with University Hospital to offer the innovative Wellness Works Program.

What is Wellness Works?

1. A better understanding of your current physical well-being.
2. The opportunity to make lifestyle changes that will make you a happier, healthier person and increase your life expectancy!
3. The opportunity to work one-on-one with your wellness coach or wellness case manager from University Hospital.
4. Lower deductibles and out-of-pocket expense for health insurance.

Wellness Works gives you the tools you need to take an active role in improving your overall health and well-being and to meet your personal health goals. Wellness Works includes an online health risk appraisal (HRA) and limited physical with lab screenings, wellness coaching, and ongoing education. There are program incentives including "Wellness Works Incentives" for those who have completed the HRA and physical and work towards their goals for 2006.

Please call the HR Department at 868-3300 if you have any questions, or need assistance with the online health risk assessment.

Annual Health and Wellness Fair

As part of our ongoing commitment to a healthier lifestyle an annual Health and Wellness Fair is held each year in March.

This is a great opportunity to have your blood pressure checked along with your cholesterol, hemoglobin, glucose, body fat analysis, and bone density screenings. PSA testing is also available for men. These services are provided by our local hospitals.

Our local Health Department, Emergency Services, CCSO and Risk Management also participate showing the roles they play in the County to provide information and assistance to our citizens.

Representatives from United Healthcare, AIG, and Guardian Dental are also available to address any questions or concerns you may have.

AIG AMERICAN GENERAL

BASIC LIFE

- The Basic Life provides \$25,000 for Class I employees and \$15,000 for Class II employees bundled with an equivalent amount of Accidental Death and Dismemberment coverage.
- Dependent coverage is available for spouses and children in the amount of \$2,000, except if the child is age 14 days to 6 months and then coverage is \$200.
- Coverage for unmarried children to age 19 or if a full-time student, to age 25.

VOLUNTARY LIFE

Program Basics

- In addition to any basic life insurance Columbia County may offer, eligible employees can purchase more coverage by enrolling in a supplemental term life insurance program.
- This supplemental life coverage is portable. If you change jobs or retire, you can keep your coverage.
- Underwritten by AIG American General, this program is called Voluntary Life.

Coverage Available

- **For You:**
Apply for Voluntary Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed 5 times employee's basic annual earnings.
- **For Your Spouse:**
If spouse is under age 70, he/she may apply for Voluntary Life coverage from \$10,000 to \$500,000 in \$10,000 increments not to exceed employee's coverage.
- **For Your Children:**
Children's Voluntary Life coverage is available in amounts of \$5,000 or \$10,000 if you or your spouse is covered. (Benefit limited to 10% for children age 14 days to 6 months). Coverage for unmarried children to age 19 or if a full-time student, to age 25.

Rate Information

- The rate is based on your age at the start of the plan's current policy year.
- Any future rate changes due to age will be effective on your employer's plan anniversary date following the date you enter the new age bracket. Rates do not include coverage for Accidental Death and Dismemberment. If you elect this coverage, your rate increases by \$.03 per \$1,000 of coverage. Children's rates are \$.44 per pay period for \$5,000 coverage and \$.88 per pay period for \$10,000 coverage.

How To Use This Chart

To determine your bi-weekly premium:

1. Select the total amount of Voluntary Life Coverage you want.
2. Multiply times the rate for your age bracket.
3. Multiply by 12 (months).
4. Divide by 26 (pay periods).

AGE OF EMPLOYEE/SPOUSE	RATE	W/ AD&D
Less than 30	.07	.10
30-34	.09	.12
35-39	.14	.17
40-44	.24	.27
45-49	.37	.40
50-54	.69	.72
55-59	1.09	1.12
60-64	1.60	1.63
65-69	2.66	2.69
70 and over	5.44	5.47

Voluntary Life Rate Chart

(Cost per month/per \$1,000 of Coverage)

Basic and/or voluntary life products to include coverage for employee(s), and/or spouse, and/or child(ren) is a guarantee issue upon hire. If you do not elect coverage during the initial new hire eligibility period, you may apply during the annual Open Enrollment period. These applications are subject to underwriting approval by the carrier.

This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.

AIG AMERICAN GENERAL

SHORT-TERM DISABILITY

AIG American General Insurance Company provides disability income plans that offer valuable protection against loss of income when you are disabled by illness or injury.

Maximum Weekly Benefit

Your weekly benefit amount is based on your salary (your basic rate of pay excluding overtime, bonuses, or special compensation). The weekly maximum benefit amount is \$1,000. The benefit percent is 60% of basic salary. Premiums are based on age, salary, and benefit elected.

Elimination Period

Option #1-offers a 7 Day Accident and Sickness Elimination Period. Benefit begins on the 8th day.

Option #2-offers a 14 Day Accident and Sickness Elimination Period. Benefit begins on the 15th day.

Cost of Living Freeze

The benefit amount, once established, will not be reduced by cost of living increases payable from other income sources.

LONG-TERM DISABILITY

Monthly Benefit

Your monthly benefit amount is based on your monthly salary range (your basic rate of pay excluding overtime, bonuses, or special compensation). You can select any monthly benefit amount up to the monthly benefit available for your salary range.

Elimination Period

If you are totally disabled, then benefits will begin after you have satisfied your elimination period of 180 days.

Maximum Benefit Period

Starts on the day following the elimination period and ends when you are no longer totally disabled or partially disabled, as defined, or have reached normal social security retirement age (*age as defined by the Social Security Administration*).

Monthly Benefit Adjustments

Adjustments to the monthly benefit amount due to change in salary are made on the anniversary date, and are not to exceed the amount available for your salary range.

Cost of Living Freeze

The monthly benefit amount, once established, will not be reduced by cost of living increases payable from other income sources.

Minimum Monthly Benefit

The \$100 minimum monthly benefit is guaranteed regardless of income received from other income sources.

Rates

The premium is based on employee's age on the effective date of coverage, the monthly benefit amount elected, and the payroll deduction frequency. The premium will be adjusted due to change in age or salary on the next plan anniversary date.

This is not a complete disclosure of the plans. The plan certificates contain specific qualifications, limitations, and exclusions.

Preventive Services – Group I <ul style="list-style-type: none"> • Oral examinations • X-rays • Cleaning • Topical fluoride treatment (<i>through age 14</i>) • Sealants (<i>through age 14</i>) • Space maintainers (<i>through age 14</i>) • Thumb sucking and harmful habit appliances (<i>through age 14</i>) 	100%
Basic Services – Group II <ul style="list-style-type: none"> • Emergency exams and palliative care for pain relief • Oral surgery • Amalgam, composite fillings • Extractions (<i>routine</i>) • Non-cast prefabricated stainless steel crowns • Partial or complete denture repairs/adjustments • Periodontics • Endodontics (<i>root canals</i>) 	80% after deductible
Major Services – Group III <ul style="list-style-type: none"> • Crowns • Inlays and onlays • Removable or fixed bridgework • Partial or complete dentures • Denture relines/rebases 	50% after deductible
Orthodontic – Group IV <ul style="list-style-type: none"> • Covers adults • Covers children to age 19 <p>Lifetime Orthodontic Maximum</p>	<p>50% no deductible</p> <p>\$1,000</p>
Calendar Year Deductible <ul style="list-style-type: none"> • Individual/Family 	\$50/\$150
Annual Maximum (<i>excludes orthodontic services</i>)	\$1,000 or \$2,000

Guardian provides an in-network plan that uses Dental Guard 2000 PPO network providers, or you can visit any dentist. In-network provider claims are paid on a fee schedule basis. Out-of-network provider claims are processed at the 90th percentile of usual, customary, and reasonable charges.

Easy To Use

- No claim forms. Simply present your ID card at each dental visit.
- Hassle-free customer service. Call 1-800-541-7846.

Dental Treatment Plans

- A treatment plan must be submitted by the dentist for recommended non-emergency services that exceed \$300. Refer to Pre-determination of Benefits in your plan certificate.

Late Entrant Waiting Periods

- A late entrant is a person who becomes insured more than thirty (30) days after he/she is eligible. Charges incurred by a late entrant for Group II (basic) services will not be covered until 6 months from the date insured in the plan, Group III (major) services until 12 months from the date insured by the plan, and Group IV (orthodontics) services until 24 months from the date insured by the plan.

This is not a complete disclosure of the plan. The plan certificate contains specific qualifications, limitations, and exclusions.

AIG AMERICAN GENERAL

Accident Plan Highlights:

- Provides 24-hour protection
- Coverage is guarantee issue
- Benefits for both in-patient and out-patient treatment of accidents
- Supplements and pays in addition to any other insurance
- Spouse and dependent child coverage available
- Premiums are pre-tax
- Wellness benefit of \$60
- Accidental death benefit

Portability Privilege (Accident)

When coverage would otherwise terminate because the employee ends employment with the employer, coverage may be continued. The employee must have been continuously insured for at least six (6) months prior to termination employment. The employee will continue the coverage that is in force on the date employment ends including dependent coverage then in effect.

The employee will be allowed to continue the coverage until the employee fails to pay the required premium, the date the group master policy is terminated, whichever is earlier. Coverage may not be continued if the employee fails to pay any required premium, the insured reaches age 70, or the group master policy terminates.

Accident is available to full-time, benefit-eligible employees working at least 30 hours or more per week, their spouse, and dependents. A dependent child is an employee's unmarried child who is under age 19 (**25 if a full-time student**), and is a qualified dependent based upon the following:

- Naturally born
- Adopted
- Step child(ren)

BI-WEEKLY RATES	MONTHLY
Employee \$10.26	Employee \$22.22
Employee & Spouse \$17.28	Employee & Spouse \$37.43
Employee & Child(ren) \$17.68	Employee & Child(ren) \$38.29
Family \$24.70	Family \$53.50

AIG AMERICAN GENERAL

Cancer Plan Highlights:

- First occurrence lump sum benefit
- Individual and family coverage
- Two levels of coverage – basic or enhanced
- Benefits paid for 32 specified diseases
- Waiver of premium
- Second surgical opinions
- Ambulance benefit
- Wellness – \$50 per test, \$100 per calendar year

Portability Privilege (Cancer)

When an employee's coverage would terminate because the employee is no longer employed with Columbia County, the insured may elect to continue coverage. The insured must have been continuously insured for 12 months or more in this or the previous plan, prior to termination of employment. The coverage can be continued so long as the employee continues to pay the required premium and the group policy issued to the county remains in force.

Eligibility

Full-time, benefit eligible employees working at least 30 hours or more per week, their spouse, and dependents are eligible. A dependent child is an employee's unmarried child, who is under age 19 (**25 if a full-time student**), and are a qualified dependent based upon the following:

- Naturally born
- Adopted
- Step child(ren)

BI-WEEKLY RATES		MONTHLY	
Basic	Employee	\$ 8.86	Employee \$19.20
	Family	\$14.78	Family \$32.02
Enhanced	Employee	\$11.90	Employee \$25.78
	Family	\$19.84	Family \$42.99
Optional Intensive Care Rider	Employee	\$ 3.46	Employee \$ 7.50
	Family	\$ 4.62	Family \$10.01



COLUMBIA COUNTY DEFINED CONTRIBUTION PLAN

The Columbia County Board of Commissioners Retirement and Deferred Compensation Plans are defined contribution plans which provide employer based contributions (401(a)) and voluntary employee-deferred compensation (457) administered by **GEBCorp**. Defined contribution plans allow an employer and/or employee to contribute a percentage of salary to an account in the employee's name. Employees choose from a range of investment options and receive quarterly statements which detail the deposits, earnings, and other activities in their individual account(s).

401(a)

Employer Base Contribution
4% of salary

457 Deferred Compensation

Employee Contribution
0%- up to \$15,000

Columbia County will match half of what an employee defers up to 8% of salary. For example, if an employee defers 8% of their salary, the County will deposit a match contribution of 4% in the employee's 401(a) account.

Eligibility: All employees who work more than one thousand hours per year are eligible for the County's 401(a) and 457 Deferred Compensation.

Vesting Schedule

For 401(a): Year 1 – 0%
Year 2 – 25%
Year 3 – 50%
Year 4 – 75%
Year 5 – 100%

Fund Selection: *Currently you have sixteen (16) funds to choose from under the 401(a) and 457 Deferred plan through Charles Schwab.*

Employees choose the investment options that are appropriate for their own situation. Employees may choose a Stable Value option or variable options. Employees may change the investment option where future deposits will be invested or move money from one option to another.

Upon leaving employment with Columbia County, employees may withdraw both funds in a lump sum or roll over to an IRA or into another qualified employer's plan. The 401(a) distribution is subject to meeting the vesting schedule.

Employees may access their account(s) by calling the **GEBCorp** Inquiry Line at 1-877-482-7101 or visiting the web site at www.GEBCorp.com. Locally, contact our representative Greg Gease at 706-860-3252 or email at www.greggease@gebcorp.com for assistance in setting up an account and financial planning for retirement.

Employee Services

Employee Assistance Plan (EAP)

Employee Assistance Plan is a free, confidential counseling program designed to help you manage work and life problems as well as your emotional and mental well being.

Employees who utilize this service have six (6) face-to-face meetings per year and unlimited phone counseling available.

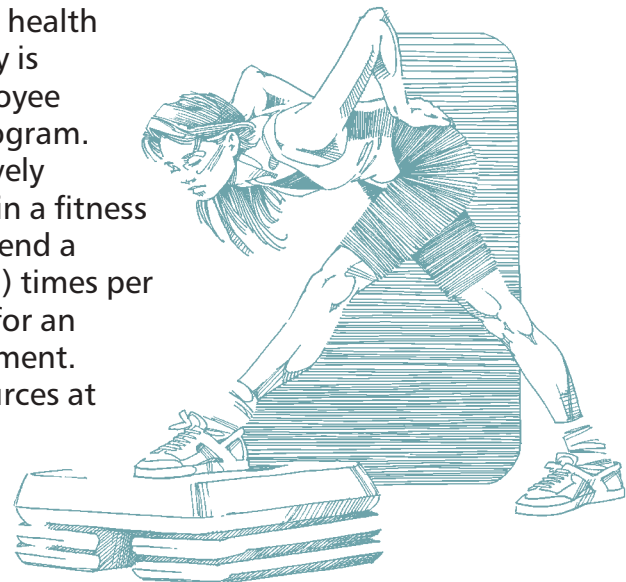
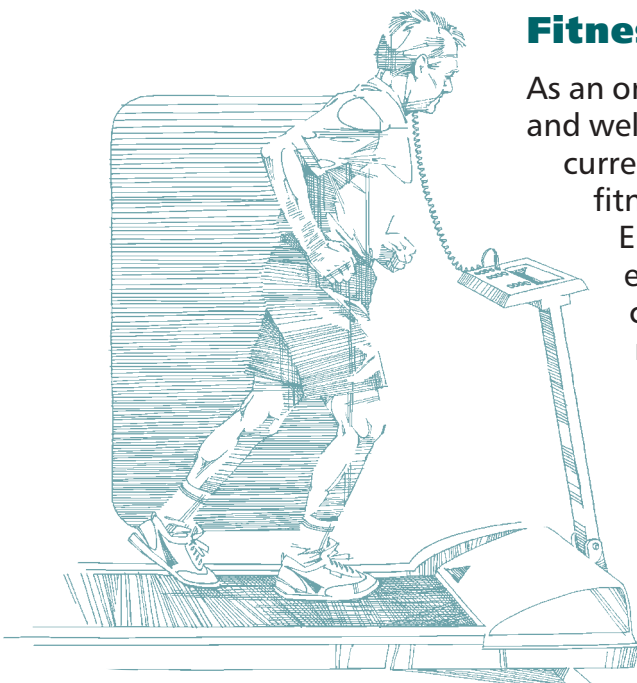
Columbia County pays for this service as a benefit to you and your immediate family members. You may call the toll-free hotline at 800-252-4555, available 24 hours a day, 7 days a week or access resources and tools on-line by logging onto [www.the EAP.com](http://www.theEAP.com). A few of the problems that may be addressed are:

- Marriage or relationship problems
- Physical and emotional abuse
- Depression
- Grief and loss
- Substance abuse and addictions
- Family issues
- Eating disorders
- Divorce
- Childcare and eldercare
- Legal problems
- Debt counseling
- Adoption services
- Financial planning

Fitness Reimbursement

As an ongoing commitment to health and wellness, Columbia County is currently providing an employee fitness reimbursement program.

Employees who are actively enrolled for six months in a fitness center program and attend a minimum of twelve (12) times per month will be eligible for an annual \$50 reimbursement. Contact Human Resources at 868-3300 for more information.



Educational Reimbursement Program



Eligible employees are encouraged to participate in education programs which will further their skills and knowledge for use in their current or future position.

The County will reimburse an eligible employee up to 100% of the cost of tuition for approved technical, undergraduate, and graduate level courses up to a maximum of \$1,500 per calendar year.

To be eligible to participate in the Educational Reimbursement Program, an employee must have completed one year of service with the County as of the date the course begins.

Forms and policy information can be downloaded from the County website at www.columbiacountyga.gov/formslibrary.

For additional information and to obtain an Educational Reimbursement application, please contact the Human Resources Department at 868-3300.

Legal Club of America

Legal Club of America is a nationwide discount legal referral service. Legal Club has a network of over 22,000 attorneys in all 50 states who have contracted to provide Legal Club members free and discounted care. As a member, you are entitled to receive the following benefits:

- Unlimited phone consultations during business hours for new legal matters.
- Attorney review of independent legal documents per new matter (6 pages max).
- Network attorneys will make phone calls or write letters on your behalf when appropriate.
- One-on-one initial consultations for new legal matters.
- Prepare a simple will for you and your family along with annual updates.
- Advice on representing yourself in small claims court.
- Assist in solving your problems with government programs.



Upon becoming a member an employee will receive his/her membership kit in 5-7 business days. The kit will include a membership card, a plan member guidebook, a last will and testament questionnaire, and the initial plan attorney referral. Attorneys may be contacted immediately for any legal need. Simply call Legal Club's toll-free customer service number to change attorneys.

PLANNING FOR THE FUTURE



The “Planning for the Future” employee retirement advocacy center is located in Human Resources. This center provides valuable information for employees and their families on several topics that relate to retirement and retirement planning.

Employees need valuable insight to the workings of Social Security, Medicare and the retirement program. Here are some typical questions.

- ✓ How old do I have to be to draw a Social Security benefit?
- ✓ Have I received a statement from Social Security showing my credits?
- ✓ How much Social Security will I receive when I retire?
- ✓ When is Medicare health insurance available?
- ✓ What options are available for supplemental health insurance at age 65?
- ✓ What is long-term care insurance?

The employee advocacy center provides information that will help answer all these questions and more. Please call the HR department at 868-3300 for additional information.



Long-Term Care Insurance

The following is an overview of the newest benefit product for employees and their eligible family members:

The Product: Signature Care, underwritten by MassMutual, a top-rated carrier.

Who is Eligible? Employees and their spouse, children age 18+, parents, parents-in-law, grandparents, and grandparents-in-law. The employee is not required to enroll in order for other family members to apply for coverage. Eligible family members may reside outside Georgia.

Issue Ages: 18-84

Premium Discount: Employees and eligible family members qualify for a permanent group premium discount. If the employee terminates employment for any reason, the discount remains in place.

Underwriting: Applicants are subject to medical underwriting; however, no medical exam is required. The insurer depends primarily on information in your medical records to determine your eligibility.

Basic Policy Provisions:

- Daily Benefits: \$50-\$300
- Elimination Periods: 0-30-60 Days
- Benefit Periods: 3-4-5-6-10 Years or Lifetime
- Coverage Options: "Facility Only" or "Comprehensive" Includes Home Care
- Waiver of Premium: Premiums cease during claim periods
- Inflation Options: 5% Simple or Compound
- Bed Reservation: Reserves nursing home bed for 60 days per year
- Caregiver Training: The policy will pay a benefit for your caregiver's training up to 5x daily benefit
- Alternative Plan of Care: Pays for alterations to your home such as grab bars and wheelchair ramps, meals on wheels, etc.
- Prescription Benefit: \$100 monthly benefit included for nursing home
- Ambulance Benefit: Four (4) trips per year
- Policy Choices: "Indemnity" or "Reimbursement"
- Medic Alert Benefit: \$50 monthly benefit for Home Care of Assisted Living

Gail Patty, Representative

Phone: (706) 736-9900

Website: www.SeekLTC.com

Employee Benefits Summary Effective January 1, 2006

Medical and Hospitalization Coverage

Employees may choose the Wellness or Non Wellness medical plan through United Healthcare. The premium is shared by the employee and employer.

<u>Coverage</u>	<u>Employee Cost</u> <u>Bi-weekly</u>	<u>Employee Cost</u> <u>Monthly</u>
Employee	\$ 34.13	\$ 73.95
Employee + 1 Dependent	\$ 70.04	\$151.76
Employee + 2 Dependents	\$101.84	\$220.64
Family (4 or more)	\$108.41	\$234.88

Life Insurance

Employees may select AIG American General Life Insurance. The premium is shared by the employee and employer.

<u>Coverage</u>	<u>Bi-weekly</u> <u>Class I</u>	<u>Class II</u>	<u>Monthly</u> <u>Class I</u>	<u>Class II</u>
Employee Basic and AD &D	\$.66	\$.39	\$1.44	\$.86
Dependent Basic per Unit	\$.08	\$.08	\$.16	\$.16

Portable Life Insurance

AIG American General Supplemental life insurance is available for the employee, spouse, or eligible dependents. Life Insurance rates per \$1,000 are based on age. The employee pays all premium cost.

Dental Insurance

Dental coverage is provided by Guardian Life Insurance. The core plan provides \$1,000 of coverage per family member and the "buy-up" plan provides \$2,000 of coverage per family member. Premium cost includes both child and adult orthodontia. The core premium is shared by the employee and employer; "buy-up" premiums are paid by the employee.

<u>Coverage</u>	<u>Bi-weekly/Core</u>	<u>Buy-Up Cost</u>	<u>Monthly/Core</u>	<u>Buy-Up Cost</u>
Employee	\$2.32	\$ 3.24	\$ 5.02	\$ 7.02
Employee + spouse	\$4.95	\$ 6.92	\$10.73	\$15.00
Employee + Child	\$5.21	\$ 7.28	\$11.29	\$15.78
Family	\$7.93	\$11.09	\$17.18	\$24.02

Short-Term & Long-Term Disability

Both short-term and long-term disability products are available through AIG American General for eligible employees. Premiums for both of these products are based on age, income and level of coverage selected. Premium costs are paid by the employee.

Supplemental Insurance Products

Employees may select cancer and accident supplemental products through AIG American General. The employee pays all premium cost.

Flexible Spending Account

Employees may elect to have a medical and/or dependent care account to pay for these expenses with pre-taxed dollars in accordance with Section 129 of the Internal Revenue code.

457 Deferred Compensation Plan

Employee contribution only.

401(a) Defined Contribution Retirement Plan

Employer contributes 4% of eligible employee's salary into a retirement account.

Employer Matching Contribution

Employer will contribute one-half of one percent of employee compensation for each one percent the eligible employee contributes, not to exceed the lesser of four percent of an employee's compensation in any one year into the employee's 401(a) account.

Holidays	New Year's Day	Martin Luther King	Memorial Day	Independence Day
	Labor Day	Veterans Day	Thanksgiving Day	Day after Thanksgiving
	Christmas Eve	Christmas Day	Personal Holiday	

Fitness Reimbursement Employee Incentives Employee Assistance Program Educational Reimbursement Program

Important Numbers

United Healthcare Medical Plan

Customer Service

1-866-633-2475

Website: www.unitedhealthcare.com

Website: www.myuhc.com

MEDCO Health Home Delivery Pharmacy Service

Customer Service

1-800-948-8779

Refills

1-800-4REFILL (1-800-473-3455)

AIG American General Life Insurance Short Term Disability

Customer Service

1-800-346-7692 (All AIG products)

Poythress & Associates

Richard Poythress

(706) 650-5500 Office

Long Term Disability

American General Assurance

Cancer

Accident

Customer Service

1-800-308-6457

Group Benefit Consultants

Russell Head & Chris Wilsey

(706) 733-3459 Office

Guardian Life Insurance Co. Dental

Customer Service

1-800-541-7846

Website: www.theguardian.com

Group Benefit Consultants

Russell Head & Chris Wilsey

(706) 733-3459 Office

GEBCorp

Greg Gease, Representative

Phone: **(706) 860-3252**

Email: greggease@gebcorp.com

Website: www.gebcorp.com

GEBCorp Office: **1-800-736-7166**

Employee Services

Employee Assistance Program

Phone: **1-800-252-4555**

Website: www.theEAP.com

Legal Club of America Legal Services

Customer Service

1-800-252-4555

Website: www.legalclub.com

Benefits Manager

Elizabeth McBurney

Phone: **(706) 868-3307**

Fax: **(706) 312-7381**

emcburney@columbiacountyga.gov

Benefits Advocate

Debbie Rish

Phone: **(706) 312-7376**

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drish@columbiacountyga.gov